

Membership Application/Renewal

(Feel free to mark "Same" if no changes from current membership.)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone (optional): _____

E-mail (optional): _____

(Please print clearly—the above information will appear in the annual Proceedings and Membership List.)

Type of Membership (check one)

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Regular (\$30.00) | \$ _____ | <input type="checkbox"/> Institutional (\$30.00) | \$ _____ |
| <input type="checkbox"/> Joint (\$30.00) | \$ _____ | <input type="checkbox"/> Student (\$15.00) | \$ _____ |
| <input type="checkbox"/> Lifetime (\$500.00) | \$ _____ | | |

Special Contributions (optional) *The Society greatly appreciates your special contributions.*

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Student Grant Fund | \$ _____ | <input type="checkbox"/> Special Projects/Publications Fund | \$ _____ |
| <input type="checkbox"/> General Gift | \$ _____ | <input type="checkbox"/> Thomas Wolfe Prize and Lecture | \$ _____ |
| <input type="checkbox"/> Endowment Fund | \$ _____ | | |

In Memory of:

- | | | | |
|---------------------|----------|---------------------|----------|
| Edward C. Aswell | \$ _____ | Bill Poole | \$ _____ |
| Matthew J. Bruccoli | \$ _____ | Paschal Reeves | \$ _____ |
| Leslie Field | \$ _____ | Duane Schneider | \$ _____ |
| C. Hugh Holman | \$ _____ | Richard Walser | \$ _____ |
| Richard S. Kennedy | \$ _____ | Mabel Wolfe Wheaton | \$ _____ |
| Ted Mitchell | \$ _____ | William B. Wisdom | \$ _____ |
| Elizabeth Nowell | \$ _____ | Fred Wolfe | \$ _____ |
| Jerry Leath Mills | \$ _____ | Juila Wolfe | \$ _____ |
| Maxwell Perkins | \$ _____ | Dr. R. Dietz Wolfe | \$ _____ |
| John S. Phillipson | \$ _____ | W. O. Wolfe | \$ _____ |

In Memory/Honor of:

_____ \$ _____

Additional gift memberships for (please provide complete addresses): _____

Total: \$ _____

Make your check or money order payable in U.S. dollars to The Thomas Wolfe Society. Send it and the completed form to TWS Membership, P.O. Box 1146, Bloomington, IN 47402-1146. To use PayPal, go to thomaswolfe.org. For information on legacy giving, contact J. Todd Bailey: jtb@baileyattorneysatlaw.com.